

INSTRUCTIONS FOR COMPLETING HIGHWAY TRAFFIC SAFETY GRANT APPLICATION FORM

INSTRUCTIONS FOR PAGE 1

PART I - GENERAL INFORMATION (PLEASE TYPE) _____

A. **PROJECT TITLE**

Enter a brief title of proposed project for which you are applying for grant funds.
(example, "Alcohol Enforcement Project")

B. **TYPE OF APPLICATION**

Check the appropriate box.

C. **PROJECT CONTACT NAME AND E-MAIL (REQUIRED)**

Enter the name and e-mail address of the person who will be responsible for day-to-day project activities.
This person may not necessarily be the Project Director.

D. **NAME OF APPLICANT AGENCY**

Enter organization, or governmental unit responsible for administration of the grant.
(example, "City of Metropolis Police Department")

E. **TELEPHONE NUMBER OF PROJECT CONTACT**

Enter the telephone number of the project contact person.

F. **ADDRESS**

Enter the address of the governmental/organization unit responsible for administration of the grant.

G. **D-U-N-S Number** (Dun & Bradstreet Data Universal Numbering System)**

Nine-digit identifier for federal financial assistance applicants, recipients and sub-recipients.

H. **CCR Registered** (The Central Contractor Registration)**

A repository for standard information about federal financial assistance applicants, recipients and sub-recipients.

**** Both G. and H. are required for grants over \$25,000 as per the Federal Funding Accountability and Transparency Act of 2006. ****

I. **FAX NUMBER**

Enter the facsimile number of the project contact person.

J. **FEDERAL TAX IDENTIFICATION NUMBER**

Enter the federal Tax Identification Number for the organizational unit responsible for the administration of the grant.

K. **TYPE OF GOVERNMENTAL UNIT**

Check the appropriate item that describes the type of governmental unit making application.

L. **GRANT PERIOD**

To be supplied by the DHTS. The grant period is the time frame in which you have to submit a claim for reimbursement of project costs to DHTS.

M. **PROJECT PERIOD**

To be supplied by the DHTS. The project period is the time frame in which the applicant is allowed to incur costs for project activities.

BUDGET _____

A. **COST CATEGORY**

Enter the applicable cost figures under "Project Period" for the budgeting categories and the total estimated cost. Part IV of the application requires a detailed itemization of these cost figures.

B. **SOURCE OF FUNDS**

Specify the source of the funds anticipated to complete the grant (federal, non-federal). Figure in **Total** box should agree with **Total Estimated Costs** in **Budget** section A.

INSTRUCTIONS FOR PAGE 2

PART II - ACCEPTANCE OF CONDITIONS

Applicants must review all conditions listed under Part II.

INSTRUCTIONS FOR PAGE 3

PART III – SIGNATURES

PROJECT DIRECTOR

Enter full **Name, Title, Address and Telephone Number and E-mail address** of person who has overall responsibility for administration of the grant.

FINANCIAL DIRECTOR

Enter full **Name, Title, Address and Telephone Number and E-mail address** of chief financial officer of governmental unit responsible for financial administration of the grant.

AUTHORIZING OFFICIAL OR GOVERNMENTAL AGENCY

Enter full **Name, Title, Address and Telephone Number and E-mail address** of chief executive officer of the political subdivision (mayor, city manager, county commission chair, university official, or state agency head) who has signature authority for accepting a grant from the DHTS.

NOTE: E-mail addresses are necessary to send grantees approval letters (instead of by U.S. Mail)

INSTRUCTIONS FOR PAGES 4 & 5

PART IV - BUDGET DETAILS

A. Personal Services

1. Salaries and Wages -

Include each employee classification separately, and identify the employee's function in the relationship to the grant. Include hourly rate of pay and hours or percentage of time to be charged to the grant. Show total cost of salaries and wages.

2. Fringe Benefits -

List and compute dollar value for each fringe benefit separately. If the fringe is based on a percentage, indicate that percentage. If the fringe is based on a monthly cost, indicate that cost. Show total cost and percentage of fringe benefits.

3. Travel -

Itemize all travel cost related to the project, including transportation, lodging, and meals. Show adequate detail and computations to support cost. Itemize cost as either "In-State" or "Out-of-State". Identify nature of travel. Out-of-State travel requires prior DHTS written approval and any in-state travel requiring airfare, overnight lodging, or registration requires prior DHTS approval.

B. Contractual Services

Contractual services are services of individual consultants or consulting firms engaged in performing special services pertinent to highway safety, or systems development for highway safety. The DHTS must approve any contract for services before the contract is finalized. Estimates shall describe the scope of services to be performed and basis for calculating the fee to be charged in such terms as: Number of man-days of work at \$ per day, plus travel, overhead, and profit charges, etc.

C. Commodities

Cost of materials acquired, and consumed specifically for the purpose of highway safety. Items that may be included under this heading are office supplies and other expendable materials needed during the course of normal operation of the project. Itemize each cost and provide details including quantities and per-cost item.

D. Other Direct Cost

Cost of the equipment or other non-expendable property provided for the highway safety activities.

Equipment -

Means tangible, non-expendable, personal property having a useful life of more than one year and an acquisition cost of one thousand dollars (\$1000) or more per unit.

INSTRUCTIONS FOR PAGES 4 & 5 *(continued)*

- A. Equipment shall be used by grantee for the exclusive purpose for which it was acquired.
- B. Equipment purchasing procedures should be initiated within 90 days of project approval.
- C. Adequate maintenance procedures must be developed to keep the property in good condition.
- D. Property records must be maintained that include a description, a serial number, cost location, and condition of the property.
- E. No equipment will be conveyed, sold, salvaged, or transferred without the written approval of the Director or Deputy Director of the DHTS.

E. Indirect Cost

Only applies to State Agency projects.

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PART V - NARRATIVE DESCRIPTION OF THE PROJECT

Applicant must include the following as part of the narrative:

Problem Statement -

Describe in detail the specific problem you are attempting to impact or correct. Indicate why your current program or activity is not adequate and explain past efforts to resolve the problem. Provide supporting data, facts, or statistics which substantiate the need for the project.

Objectives -

Describe objectives to be accomplished during the project. Objectives should be specific, clearly written, measurable, targeted to the problem identified, and time framed.

Methodology (Methods) -

Describe activities and procedures which will be undertaken to achieve each objective. Fully describe what actions are necessary to help resolve the problem stated.

Milestones -

Describe sequence of activities. Applications may include a time chart describing program activities.

Evaluation -

Describe how the expected results will be measured.

Administrative (Performance) Evaluation -

Requires measuring the operational efficiency of task activities as they relate to the accomplishment of established goals and objectives. In measuring actual task activities, it compares them to:

1. the baseline or pre-task levels of the same activities,
2. the targeted levels of activity established for the task and the planned use of funds.

Impact (Efficiency) Evaluation -

A determination of the extent to which task operations and activities have contributed to the achievement of an objective related to crash involvement. Administration evaluation is required for all projects. Impact evaluation is feasible only in a limited number of projects.

Subsequent Years Needs -

This is the last section of the proposal, but by no means the least important. We would like to know how you plan to continue your program when the grant funding phases out. This section does not apply to "one time only" grant application request, however, if you contemplate that the project will involve more than one year's financing with federal funds, please include for subsequent fiscal years the total amount estimated to be required broken down by source funding, example State, local, or federal.

**PLEASE SUBMIT SIGNED ORIGINAL, PLUS ONE COPY.
UNSIGNED PROPOSALS WILL BE RETURNED.**

**GRANT APPLICATIONS REQUESTING FUNDING OF \$25,000 OR GREATER MUST INCLUDE
A SIGNED CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**